

CERTIFICATE OF DEATH

REGISTRAR'S NO. 200

BIRTH NO.

7 27 SE OF DEATH AND 24 AL RESIDENCE 6489	1. PLACE OF DEATH A. COUNTY Maricopa		B. LENGTH OF STAY IN THIS TOWN 34 yrs IN ARIZONA 34 yrs		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Maricopa		
	C. CITY OR TOWN Mesa		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Mesa <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) Granite Reef Rest Home				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 308 S. Lazona		
DECEDENT PERSONAL DATA 179 4 055	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Henry B. (MIDDLE) Andrew C. (LAST) BACON			4. SEX M.	5. COLOR OR RACE W.	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Widowed	
	6B. NAME OF SPOUSE Bertha Mae		7. DATE OF BIRTH MONTH 2 DAY 22 YEAR 76	8. AGE (IN YEARS LAST BIRTHDAY) 79	IF UNDER 1 YEAR MONTHS 0 DAYS 0	IF UNDER 24 HRS. HOURS 0 MIN. 0	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Ret. Watchman
	9B. KIND OF BUSI- NESS OR INDUSTRY Water Users	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Kansas	11. CITIZEN OF WHAT COUNTRY? USA	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) No	13. SOCIAL SECURITY NO. No		
CAUSE OF DEATH (ITEM 18)	14A. FATHER'S NAME Pierpoint E. Bacon		14B. BIRTHPLACE (STATE OR COUNTRY) N. Y.		15A. MOTHER'S MAIDEN NAME Mary A. Southworth		15B. BIRTHPLACE (STATE OR COUNTRY) M. ch.
	16. INFORMANT'S SIGNATURE Glyde Bacon			ADDRESS Mesa, Arizona		17. DATE OF DEATH (MONTH) (DAY) (YEAR) October 9 1955	
	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED. 6-10-55						
OPERATIONS, AUTOPSY	MEDICAL CERTIFICATION. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) Uremia DUE TO (B) urinary obstruction DUE TO (C) prostatic hypertrophy II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Generalized arteriosclerosis 10 years INTERVAL BETWEEN ONSET AND DEATH 2 weeks						
	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 9-20 , 19 55 , TO 10-9 , 19 55 , THAT I LAST SAW THE DECEASED ALIVE ON 10-8 , 19 55 , AND THAT DEATH OCCURRED AT 3:10 P M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.						
MEDICAL CERTIFICATION	22A. SIGNATURE Franklin B. Hancock			22B. ADDRESS Mesa, Arizona		22C. DATE SIGNED 10-10-55	
	23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. (CITY OR TOWN) (COUNTY) (STATE)		
	23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY M		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?		
DEATH DUE TO EXTERNAL VIOLENCE	24A. CORONER'S SIGNATURE			24B. ADDRESS		24C. DATE SIGNED	
	25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>			25B. DATE 10-11-55	25C. NAME OF CEMETERY OR CREMATORY Mesa cemetery		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Mesa, Arizona
	26A. DATE REC. BY LOCAL REG. 10-10-55		26B. REGISTRAR'S SIGNATURE [Signature]		27A. FUNERAL DIRECTOR'S SIGNATURE [Signature]		27B. ADDRESS M. L. GIBBONS MORTUARY MESA, ARIZONA